

Mental Health System Stakeholder Meeting August 15, 2005

DSHS Executive Leadership, including Secretary Robin Arnold-Williams; Doug Porter, Assistant Secretary for the Health and Recovery Services Administration; and MaryAnne Lindeblad, Interim Director of the Mental Health Division (MHD) met with interested stakeholders on August 15, 2005 to discuss changes, opportunities and challenges related to the future of mental health services in the state of Washington.

The meeting was attended by over 100 stakeholders, including representation from consumers and family members, Tribes, the Regional Support Networks (RSN), mental health providers and law enforcement.

Discussion included:

Budget: In the 2005 Legislative Session, legislators recognized the need for new funding in the mental health system based upon the inability to use Medicaid savings to provide services to low-income persons who weren't Medicaid eligible. In response the legislature appropriated \$75.4 million for distribution to the RSNs to ensure that priority services are covered, and to maintain viable mental health systems in all areas of the state. Allocations by the department to the 14 RSNs were based on three things: priority services, population and an adjustment to ensure system stability.

Adequate funding is a key concern for stakeholders. Concerns included:

- *Need for the Medicaid rate structure to be changed.*
- *Providers facing severe budget shortfalls.*
- *In terms of rates, recommend that the department look at what possible benefit there could be to consumers in going to for-profit providers in the RFP.*
- *The provider network can do a lot if given enough time to change. DSHS needs to be long-range focused. Two goals were suggested for next session: 1) Ensure a statewide non-Medicaid benefits and 2) Ensure state match to raise the bar to mid-range of the actuary study.*
- *System is not adequately funded. Has an impact on retaining qualified staff to treat consumers if we want to move toward real recovery and continuity of care.*
- *Can there be a way to allow tribes access to service dollars through RSNs because other avenues are being cut off? (Note: A meeting was held with Tribes on August 16, 2005 to discuss this and other issues.)*
- *Where does emergency transportation fit into the budget for mental health services? Concerns were expressed over difficulties getting reimbursed for services. (Note: Department will need to research this.)*
- *Some members of the Mental Health Planning and Advisory Council have expressed concerns that the RSNs are cutting existing services despite the backfill.*

- *Is there any way the department can put support (dollars and language) into contracts for family organizations and peer groups so that the RSNs can continue to support them.*

Funding Methodology: The department is aware that there are concerns regarding the funding methodology for Fiscal Year 2006. Decisions were made based upon the best way to allocate funds. Feedback from this meeting will be important as the department begins to plan for Fiscal Year 2007.

Stakeholder comments regarding the funding methodology included acknowledgement that the intentions of changes are good, but there are problems with adequate funding distribution, and concerns regarding infrastructure stabilization for those perceived as taking a big decrease. The department is working with Spokane RSN to come up with solutions specific to them related to infrastructure.

Resources/Consumer and Family Involvement: Laws passed during the 2005 Legislative Session are intended to result in positive outcomes for consumers, including improved treatment outcomes, improved access to treatment, more consumer/family involvement, increased accountability and improved continuum of care.

Stakeholders made many recommendations related to service delivery and access to resources:

- *Development of housing for persons with mental illness (New Jersey Governor's proposal suggested as a model).*
- *Connect consumers with services, and allow them to choose and make decisions that are best for them and their recovery.*
- *Increase community-based social services programs and move away from a medical model.*
- *Increase investment in employment as part of the mental health stabilization process and increase employment opportunities.*
- *Support the clubhouse model.*
- *Provide additional support in getting individuals back on SSI.*
- *Local control is very important to families – they know the communities and communities know them – family members have relationships with decision-makers who know what's needed in their own communities.*
- *Consumers and parents want to be part of the solution.*
- *Provide more prevention services which could result in budget savings.*
- *Need to provide funding for parent organizations.*

- *Parent advocacy is a priority for families and it empowers both youth and parents. The department obtains parent/family input, but sometimes it is difficult to see where that input goes and what the results are.*
- *Continue to develop partnerships/coordination with other programs, agencies.*

Organization: On July 1, 2005, MHD and the Division of Alcohol and Substance Abuse (DASA) joined the former Medical Assistance Administration in a new administration – *Health and Recovery Services*. Both MHD and DASA will continue to operate as distinct divisions within the new administration. HRSA is currently utilizing the services of Mercer Human Services Consulting to review the organization as a whole and make recommendations on how we can best be structured to serve our customers efficiently and effectively. For example, there are shared administrative functions that could be combined to gain efficiencies. Any future organizational changes will be shared with stakeholders.

Meeting participants commented that under Robin Arnold-William's leadership they are seeking more coordination between MHD and other divisions. A recommendation was made that the department develop a four way partnership: MHD/Staff/Clients/Families. MHD doesn't come out to see what is happening in the community, but makes recommendations for change. (Note: Secretary Arnold-Williams commented that the department will be coming out to see what people are doing in their own communities.)

Looking Ahead: There will be many more discussions/conversations in the future. This discussion is a framework for moving forward, and some of the comments from this meeting will be incorporated into the RFQ/RFP process. The department is moving forward on issues around funding. Reminder that the Mental Health Task Force continues its work. Some of the issues raised in this meeting may be appropriate to go to the Task Force.